too common in the general population to distinguish hemicrania continua from other headache conditions is well taken.

Egilius L.H. Spierings, MD, PhD, *Cambridge, MA*;
Ottar Sjaastad, MD, *Trondheim, Norway*

Reply from the Authors: We thank Drs. Spierings and Sjaastad for their comments. Ninety-three cases of HC have been reported since 1984, when two patients with unilateral headache responded to indomethacin and the syndrome was coined "Hemicrania continua." There is still uncertainty about its clinical features. Atypical features, including bilaterality⁶ and sight shifting,^{7,8} and patients who did not respond to indomethacin but meet the phenotype have been described.^{3,4}

We found in our patients a baseline headache and periods of pain exacerbations. Other physicians who did not particularly pay attention to this feature may not have seen this. Twenty-four patients (70.6%) met IHS criteria for migraine during only the exacerbation period, but not the baseline period. The exacerbation period duration fit the 4 to 72 hours requirement.

We agree that chronic daily headache is heterogeneous, and that is why it has been subclassified into chronic migraine, HC, chronic tension-type headache, and new daily persistent head-

ache. Failure to consider it as one of the causes of daily headache leads to its underdiagnosis.

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Neuro Images

Figure. MRI of the brain (sagittal [A] and coronal [B] postcontrast T1-weighted images) demonstrate thickened, enhancing, dural sarcoid lesions along the falx cerebri and the central skull base.

Neurosarcoidosis

Alireza Minagar, MD, *Mardjohan Hardjasudarma, MD*,
Roger E. Kelley, MD *Shreveport, LA*

A 41-year-old black man with biopsy-confirmed pulmonary sarcoidosis presented with headache, blurred vision, and generalized tonic-clonic seizures of new onset. Neurological examination was pertinent for corrected visual acuity of 20/50 in both eyes and bilateral papilledema.¹

The motor, cerebellar, gait, and sensory examinations were unremarkable, but deep tendon reflexes were hyperactive with bilateral extensor plantar responses. Brain MRI showed thick, enhancing, dural-based sarcoid lesions in the falcial, parafalcial, anterior, and central basal regions (figure). The patient recovered fully after treatment with 40 mg prednisone daily for 4 months, and seizures were controlled with phenytoin. A follow-up MRI scan (not shown) demonstrated significant resolution of the dural abnormalities.

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Alireza Minagar, Mardjohan Hardjasudarma and Roger E. Kelley

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